

**PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)  
SITUATION REPORT  
EBOLA VIRUS DISEASE, 2014  
DATE OF REPORT: OCTOBER 21, 2014  
OPERATIONAL PERIOD: OCTOBER 20 - OCTOBER 24, 2014  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
EMERGENCY MEDICAL SERVICES AUTHORITY**

**EXECUTIVE SUMMARY**

**There are currently no suspected or confirmed cases of the Ebola Virus Disease (EVD) in California. The risk of EVD to the public is very low. Healthcare providers may be at a higher risk for EVD infection.**

The outbreak of EVD in the West African nations of Guinea, Sierra Leone, and Liberia continues to expand but does not pose a significant risk to the United States. As of October 14, the World Health Organization has reported a cumulative total of 9216 suspect, probable, and confirmed cases and 4555 deaths.

The CDC, California Department of Public Health (CDPH), California Office of Emergency Services (Cal OES), State level Emergency Function 08 partners, and Emergency Medical Services Authority (EMSA) continue to prepare for the management of potential EVD cases in California.

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. New guidelines and updated guidelines released by CDC are posted on the CDPH website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>). CDPH and local health jurisdictions are monitoring the situation closely and are taking steps to keep the public safe. EMSA has developed guidelines for Emergency Medical Services (EMS) personnel based on the recommendations of CDC and the California Department of Industrial Relations (DIR). The guidelines have been distributed to Local Emergency Medical Services Agency (LEMSA) Administrators, LEMSAs Medical Directors and the Regional Disaster Medical Health Coordination (RDMHC) Program. The document is posted on EMSA's website at [http://www.emsa.ca.gov/ebola\\_control](http://www.emsa.ca.gov/ebola_control). These guidelines will be updated as the situation evolves.

CDPH continues to recommend that healthcare providers implement the protocols established by the CDC about how to detect and isolate patients who may have EVD and about how healthcare workers exposed to EVD can be protected. The CDC

advises that healthcare providers in the U.S. should consider an EVD infection in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in the affected West African nations. The CDC advises people returning from the affected areas who may be at high risk for EVD should be promptly isolated and their blood sent to CDC for testing.

## **DUTY OFFICERS ON CALL**

<b>Table 1. Duty Officers On Call</b>		
<b>Agency/Program</b>	<b>Duty Officer Information</b>	
CDPH Duty Officer	Name:	Jerry Fuhrman
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	John Wogec
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Markell Pierce
	Contact Information:	916-423-0911

## **CDPH/DHCS/EMSA CURRENT OPERATIONS**

The CDPH internal workgroup to address all public health aspects of the EVD response meets bi-weekly.

## **CENTER FOR INFECTIOUS DISEASES (CID) DIVISION OF COMMUNICABLE DISEASE CONTROL (DCDC)**

- **Epidemiology**
  - Significant Issues:
    - Developing a screening tool/guidance for hospital Emergency Departments (EDs) and outpatient clinics.
    - Provided consultation to Local Health Departments (LHDs) on many Ebola issues, including patient screening, laboratory testing, and follow-up of unknown exposures.
    - During the week of 10/10/14 – 10/17/14 consulted with LHDs on two (2) potential Ebola cases. Both cases were ruled out and no testing was ordered.
    - Epi/Surveillance project teams activated to develop three products:
      - Contact Tracing/Management Plan
      - Returning Traveler Tracking Plan
      - Deployment Team Plan (Resource to be made available to assist LHDs with Contact Tracing, Data Management, and Logistics)
  - Critical Issues:

- Working to identify additional Epi/Surveillance staff to assist with development of guidance documents, clinical consultation, etc.
- Program Impacts:
  - Significant impact on staff providing technical consultation for Ebola to local health departments. DCDC branches are setting aside non-essential functions according to our Continuity of Operations Plan (COOP) to handle the Ebola workload.
- **Surveillance**
  - All suspect cases must be reported to the local health jurisdiction. The local health jurisdictions will work with the DCDC clinical consultants to determine both the clinical criteria and risk factors for persons suspected of having EVD.
- **Laboratory**
  - Significant Issues:
    - Viral Rickettsial Disease Laboratory (VRDL) is continuing to address laboratory testing and shipment challenges and continues the process of determining the feasibility and readiness to test Ebola specimens.
    - A Division of Communicable Disease Control (CDC) Laboratory Resource Network (LRN) staff member will be onsite working with VRDL to help with risk analysis. Details to be worked out the week of October 20, 2014.
  - Critical Issues:
    - Identification of usable Biosafety Level 3 containment laboratory to handle and inactivate clinical samples.
  - Program Impacts: None at this time.

## **INFECTION CONTROL**

- Significant Issues: CDC announced that they had developed updated infection control guidance that would be posted to their website “imminently”. CDPH Hospital Acquired Infection (HAI) program will review the guidance document and recommend approval/posting as released from CDC or recommend California changes.
- Critical Issues: None
- Program Impacts: No change

## **INFORMATION OFFICER ACTIVITIES**

- **Key Messages**

- Ebola is NOT an airborne transmitted virus. Isolation and personal protective equipment are focused on **CONTACT ISOLATION** as recommended by the CDC.
- CDPH and EMSA have a plan and processes for response to Ebola.
- California's hospitals have the capability and capacity to manage Ebola patients.

## **RICHMOND CAMPUS COORDINATION CENTER (RCCC) ACTIVITIES**

The RCCC remains activated at Level 1 with minimal staffing. Hours of operation are 8:00 am to 5:00 pm, Monday through Friday. The DCDC and CDPH Duty Officers provide 24/7 after-hours coverage.

- Significant Issues and Activities:

- Center for Infectious Diseases (CID)/DCDC convened a teleconference 10-15-14 with local health departments to provide updates on the Ebola response efforts and answer questions from local health departments. These meetings will continue weekly until further notice.
- Provided an Ebola overview presentation to the Joint Advisory Committee (JAC) on October 15<sup>th</sup>.
- From 10/11/14 to 10/17/14, received 24 inquiries from Local Health Departments, healthcare partners and the public via telephone and email. A summary of the inquiries is below.
  - 7 from LHDS.
  - 11 from healthcare facilities.
  - 6 from the public.
- RCCC continues to be notified by CDC EOC, Medical and Health Coordination Center (MHCC), and CDPH programs of inquiries received from California healthcare providers

- Critical Issues: None

## **MEDICAL COUNTERMEASURES**

- There are no updates at this time.

## **COMMUNITY MITIGATION**

- There are no updates at this time.

## **OTHER DCDC ACTIONS**

- Resource Requests/Needs:
  - World Courier account for Ebola shipping.
  - Cache of cell phones for responders (received 2 from EPO, mobilized one from Communicable Disease Emergency Response (CDER) Branch to date). Pending submission of formal justification and request from RCCC to CDPH Executive Branch.
- Documents Posted on Website this reporting period:
  - CAHAN and CDPH Ebola Website: Factsheet: CDC Taking Active Steps Related to Hospital Preparedness for Ebola Treatment.
  - CDPH Ebola Website: CDC Medical Waste Management. (linked from EMB website)
- Documents/Materials Developed this reporting period
  - PowerPoint for Joint Advisory Committee on Public Health Emergency Preparedness.

## **CDC Documents Released this Operational Period**

- Factsheet: CDC Taking Active Steps Related to Hospital Preparedness for Ebola Treatment. <http://www.cdc.gov/media/releases/2014/fs1014-ebola-investigation-fact-sheet.pdf>
- Medical Waste Management. <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>
- Joint Airport Screening Factsheet. <http://www.cdc.gov/media/releases/2014/images/JointAirportScreeningFactSheet.pdf>
- Facts About Ebola Infographic. <http://www.cdc.gov/vhf/ebola/pdf/facts-about-ebola.pdf>
- Q&As About Ebola and Pets. <http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html>
- Tightened Guidance on PPE: <http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html>
- Update information on Ebola transmission: <http://www.cdc.gov/vhf/ebola/transmission/human-transmission.html>

## **ENVIRONMENTAL MANAGEMENT BRANCH (EMB)**

- The CDPH EMB Medical Waste Management Program, “Ebola Virus Disease Medical Waste Management – Interim Guidelines” are now posted at the program’s website:  
<http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx>
- The Federal Department of Transportation (DOT) has indicated that states may apply for exemptions to the Category A: Infectious Substance Packaging Requirements.

## **EMERGENCY PREPAREDNESS OFFICE (EPO)**

- CDPH and EMSA continue activation of the MHCC to support activities of the RCCC and departmental programs, and enhance communication between emergency response and preparedness partners in California.
- MHCC and EPO management regularly participate in teleconferences regarding EVD with Federal, State, and local partners, assist in development of guidance documents, and coordinate CDPH program actions.
- MHCC maintains an incident on the Cal EOC website.
- CHPH has contracts in place with World Courier to accommodate transport of EVD samples.
- EPO is holding call center training on October 21, 2014. The call center is being established for public information purposes.

## **DIVISION OF LICENSING AND CERTIFICATION**

Two All Facilities Letters (AFLs) were issued today. The subjects were:

- AFL 14-23 (Ebola Virus Disease FAQs)
- AFL 14-24 (Ebola Virus Disease Medical Waste Management,  
<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-14-24.pdf>)

In addition, two older AFLs were reissued today. The subjects were:

- AFL 14-21.1 (Hospitals - Ebola Virus Disease Information and Preparedness)  
<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-14-21.1.pdf>
- AFL 14-22.1 (Clinics – Ebola Virus Disease Information and Preparedness)  
<http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-14-22.1.pdf>

## **CAHAN ALERTS**

Three CAHAN alerts were issued today. The subjects were:

- “Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola”
- “California Department of Public Health Defines Roles in the Prevention of Ebola Spread”
- 10-22-14 Weekly Ebola Virus Update Conference Call for LHDs

## **EMSA CURRENT OPERATIONS**

- EMSA is working with the Local Emergency Medical Services Administrators’ Association of California (EMSAAC) and the Emergency Medical Directors’ Association of California (EMDAC) in developing Guidance for the EMS Management of Infectious Disease such as Ebola. Local EMS Agencies (LEMSAs) are working with their ambulance providers and have identified ambulance companies that will transport these high risk patients. Contra Costa EMS Agency has developed a conceptual model for an Infectious Disease Ambulance Response Team (IDART) and other LEMSAs are developing similar models. AMR has already transported Ebola patients in Texas and is also developing special transport teams and is among the providers outfitting specialized ambulances.
- EMSA has issued guidelines for EMS personnel based upon CDC recommendations through the RDMHC and Medical and Health Coordination (MHOAC) Programs. EMSA is prepared to continue coordination with EPO, RDMHC, and MHOAC Programs.

## **STATE/REGION OVERVIEW**

Table 2. State/Region Overview		
Region/State	Proclamation/Declaration	Activation
MHCC	None	Level I

## **OPERATIONAL AREA (OA) MEDICAL AND HEALTH SYSTEM OVERVIEW**

Table 3. OA Medical and Health System Overview				
Operational Area	Proclamation/Declaration	Activation	System Condition	Prognosis
Mutual Aid Region III				
Sierra	Unknown	Not reported	Yellow	No change

Table 3. OA Medical and Health System Overview				
Operational Area	Proclamation/ Declaration	Activation	System Condition	Prognosis
Mutual Aid Region III				
Sierra	Summary of OA Situation Report	<p>Extensive media coverage of a confirmed case of Ebola and subsequent death in the United States has generated public concern. There are no hospitals in Sierra County. Patients with advanced medical needs are transported to facilities located in Reno Nevada, Plumas County or Nevada County. A single suspect Ebola case would cripple the ability of either of the rural health clinics or ambulance services to provide medical care and transport, impacting all residents with medical need in Sierra County. No legal order enabling retention of a suspect Ebola patient at a medical facility has been issued. Currently no travel restrictions are in place.</p> <p>Individuals living in the town of Loyalton (population approximate 800 and the largest city in Sierra County) plan to do mission work in Africa and return to Loyalton in the near future. In the absence of clear and specific direction, we are submitting in order to report our mitigation efforts at the local level to avoid an Ebola outbreak. These activities are outside of "normal" daily operations in their frequency and focus on the specific disease of Ebola.</p>		
	Priorities	<ol style="list-style-type: none"> <li>1. Dialogue as required through phone, email, fax and in person with two clinics, two ambulance services and other first response entities regarding their current plans and abilities for handling a suspect Ebola patient.</li> <li>2. Determine what PPE Equipment is on hand within the OA; Public Health, Clinics, First Response.</li> <li>3. Determine training needs within the OA.</li> <li>4. Determine which of our regularly utilized hospitals can handle a suspect Ebola patient.</li> <li>5. Develop a mitigation strategy related to local known intended travelers to Africa.</li> <li>6. Prepare a local Public Service Announcement.</li> <li>7. Develop a strategy for monitoring Social Media outlets.</li> </ol>		
	Resource Requests (Anticipated)	None		
	Financial Impacts	None		

## **PUBLIC INFORMATION**

October 20, 2014

- Jonathan Serviss, KNX-AM (Los Angeles)
- Liz Naughton, Bay Area News Group



## **GUIDANCE DOCUMENTS**

CDC documents listed below are available on the CDC website (CDC.gov). CDPH documents listed below are available on the CDPH website (CDPH.ca.gov). The American Society of Microbiology (ASM) document can be found on the ASM website ([www.asm.org](http://www.asm.org)).

<b>Table 4. Guidance Documents</b>			
<b>Title</b>	<b>Source</b>	<b>Document Date</b>	<b>Distributed</b>
Health Alert on Ebola HAN 00363	CDC	7/28/2014	8/1/2014
Infection Prevention and Control Recommendations for HCF	CDC	8/1/2014	8/1/2014, 8/8/2014
Case Definition (Person Under Investigation [PUI])	CDC	8/7/2014	8/8/2014
Interim Guidance for Specimen Collection, Transport, Testing and Submission for Patients with Suspected Infection with Ebola Virus Disease	CDC	8/6/2014	8/8/2014 8/15/2014
Case Definition (Person Under Investigation [PUI])	CDC	8/7/2014	8/15/2014
Guidance for Specimen Transport	DCDC	8/2014	8/15/2014 8/22/2014 8/29/2014
Interim Guidance for Specimen Collection, Transport, Testing and Submission for Patients with Suspected Infection with Ebola Virus Disease	CDC	8/22/2014	8/22/2014
Updated poster depicting the sequence for putting on and removing personal protective equipment (PPE)	CDC	8/18/2014	CD Brief 8/22/2014
Viral Hemorrhagic Fever Case Report Form	CDPH	8/22/2014	8/22/2014 8/29/2014
Case Definition (Person Under Investigation [PUI])	CDC	8/22/2014	8/22/2014 8/29/14
Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus	CDC	8/19/2014	CAHAN 8/22/2014 CD Brief 8/22/2013

Key Points – Ebola Virus Disease, West Africa	CDC	8/27/2014	8/28/2014
HAN 368: Ebola Response Update #4	CDC	8/28/2014	8/28/2014
Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries	CDC	8/25/2014	CD Brief 8/29/2014
Interim Lab Guidelines for Handling/Testing EVHF Specimens	ASM	8/21/2014	
Interim Guidance for Specimen Collection, Transport, Testing and Submission for Patients with Suspected Infection with Ebola Virus Disease.	CDC	8/26/2014	8/29/2014
Interim Guidance for 9-1-1 public safety answering points (PSAPs) and emergency medical services (EMS) systems for managing patients with known or suspected Ebola in the United States	CDC	8/26/2014	8/29/2014
Ebola Flyer for Medical Centers	DCDC	8/2014	8/29/2014
Factsheet: Interim Guidance for Specimen Collection, Transport, Testing and Submission for Patients with Suspected Infection with Ebola Virus Disease	CDC	8/21/2014	8/29/2014
Interim Guidance for Monitoring and Movement of Persons with Ebola Exposure	CDC	8/22/2014	8/29/2014
CDC Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals	CDC	8/19/2014	8/29/2014
CDC Advice for Colleges and Universities and Students about Ebola in West Africa	CDC	8/29/2014	9/5/2014
CDC Healthcare provider preparedness checklist for Ebola virus disease	CDC	9/12/2014	9/12/2014

CDC Healthcare facility preparedness checklist for Ebola virus disease	CDC	9/12/2014	9/12/2014
CDC HAN 371: Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials	CDC	10/2/2014	10/2/2014

### **RESOURCE REQUESTS**

None

### **FINANCIAL IMPACTS**

None